DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: HARMONY OF MANITOWOC WEST (0008712)

Address: 2115 CAPPAERT RD, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 01/01/2000

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0095172 End Date: 05/31/2005 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0094087 End Date: 02/10/2005 Type: OTHER Purpose: OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091738 End Date: 12/09/2003 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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STAFF TRAINING AND PROFICIENCY

STAFF ADEQUACY

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Complaint History			
Date Complaint Received: 05/05/2005	Date Investigation Completed: 05/31/2005		
Subject Area(s) ADMINISTRATION PROGRAM SERVICES	Result NOT SUBSTANTIATED NOT SUBSTANTIATED	SOD#	
· ·	Date Investigation Completed: 05/31/2005		
Date Complaint Received: 04/19/2005	Date Investigation Completed: 05/3	31/2005	

NOT SUBSTANTIATED

NOT SUBSTANTIATED

Complaint History

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